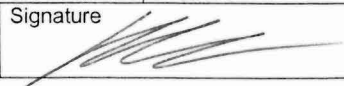


State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1) <div style="text-align: center;">4 / 5 / 16</div>		Name of Building Owner/Operator (2) Axeon							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 2 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 4 Paradise Road							
		City, State, Zip Code Paulsboro, NJ 08066							
		Name of Contact Matthew Mauro	Telephone Number 856-284-6256						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Axeon		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 4 Paradise Road		Square Feet 20,000	# of Floors 2						
City (5) Paulsboro		Bldg. Age 50							
County (6) Gloucester	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) industrial							
Name of Monitoring Firm Hired by Building Owner (8) EHS Environmental Co., Inc		Name of Abatement Contractor (9) Plymouth Environmental Co., Inc							
Street Address 411 Southgate Court		Street Address 923 Haws Ave,							
City, State, Zip Code Mickleton, NJ 08056		City, State, Zip Code Norristown, PA 19401							
Project Manager for Monitoring Firm Jack Carney	Telephone No. 856-224-0080	Telephone No. 610-239-9920	License No. 00398						
Start Date (10) <div style="text-align: center;">4 / 11 / 16</div>	Scheduled Completion Date (11) <div style="text-align: center;">4 / 15 / 16</div>	Name of OSHA Monitor Plymouth Environmental Co., Inc							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 07:00AM-03:30PM / ____PM-____AM		Street Address 923 Haws Ave,							
		City, State, Zip Code Norristown, PA 19401							
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> Renovation <input type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Motor Building	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation	6LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motor Building	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Gasket	5LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motor Building	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wire Insulation	15LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motor Building	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pipe Fittings	3LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Waste Management		NJDEP Waste Hauler ID No.	Cubic Yards of Waste 15CY	Name of Registered Landfill Tullytown Resource Recovery					
City, State Sewell, NJ		Disposal Date 4/15/16		City, State Tullytown, PA					
Completed By (Print or Type) James M. Kelly		Title Vice President		Signature 			Date 4/5/16		